PTO/SB/22 (12-04)

P10/38/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 22263-00001-US2 FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) June 30, 2004 Filed 10/500,55B-Conf. #7728 Application Number FUNCTIONAL INACTIVATION OF CXCR4-MEDIATED RESPONSES IN GROWTH HORMONE TRANSGENIC MICE THROUGH SOCS3 UP-REGULATION Not Yet Assigned Examiner N/A JinU hA This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> \$ \$60 \$120 One month (37 CFR 1.17(a)(1)) \$ \$225 \$450 Two months (37 CFR 1.17(a)(2)) \$510 \$1020 Three months (37 CFR 1.17(a)(3)) 1,590.00 \$ \$795 \$1590 Four months (37 CFR 1.17(a)(4)) \$ \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0185 I have enclosed a duplicate copy of this sheet. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attomey or agent under 37 CFR 1.34. Regulation number if acting under 37 CFR 1.34 April 4, 2005 Date Signature (202) 331-7111 John A. Evans Telephone Number Typed or printed name NOTE: Signatures of all the inventors of seeignees of record of the ordine interest or thoir representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. Total of